



DECLARATION  
AND POWER OF ATTORNEY

WARD & OLIVO DOCKET NO. 940-015

#3

As a below named inventor, I hereby declare

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled INTEGRATED BUILDING CONTROL AND INFORMATION SYSTEM WITH WIRELESS NETWORKING, the specification of which:

was filed on March 6, 1998, as Application Serial No. 09/036,721, and is identified by Ward & Olivo docket no. 940-015.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION |         |                                      |  |
|--|---------|--------------------------------------|--|
| APPLICATION NUMBER   | COUNTRY | DATE OF FILING<br>(day, month, year) | PRIORITY<br>CLAIMED UNDER<br>35 U.S.C. 119/172           |
|  |         |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|  |         |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|  |         |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|  |         |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| APPLICATION SERIAL NO. | FILING DATE | STATUS   |         |           |
|------------------------|-------------|----------|---------|-----------|
|                        |             | PATENTED | PENDING | ABANDONED |
|                        |             |          |         |           |
|                        |             |          |         |           |
|                        |             |          |         |           |
|                        |             |          |         |           |

POWER OF ATTORNEY: As a named inventor, I hereby appoint John F. Ward (Reg. No. 33,811) and John W. Olivo, Jr. (Reg. No. 35,634), whose address is Ward & Olivo, 708 Third Avenue, New York, New York 10017, and each of them, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

## SEND CORRESPONDENCE TO:

WARD & OLIVO  
708 THIRD AVENUE  
NEW YORK, NEW YORK 10017

## DIRECT TELEPHONE CALLS TO:

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|     |                         |  |                                     |   |                   |
|-----|-------------------------|--|-------------------------------------|---|-------------------|
| 201 | FULL NAME OF INVENTOR   | LAST NAME<br>DELP                            | FIRST NAME<br>DON                   | MIDDLE NAME                             |                   |
|     | RESIDENCE & CITIZENSHIP | CITY<br>BRADENTON                            | STATE OR FOREIGN COUNTRY<br>FLORIDA | COUNTRY OF CITIZENSHIP<br>UNITED STATES |                   |
|     | POST OFFICE ADDRESS     | POST OFFICE ADDRESS<br>421 5G COQUINE CIRCLE | CITY<br>BRADENTON                   | STATE OR COUNTRY<br>FLORIDA             | ZIP CODE<br>34208 |
| 202 | FULL NAME OF INVENTOR   | LAST NAME<br><del>RENALDI</del> RENALDI BA   | FIRST NAME<br>PAT                   | MIDDLE NAME                             |                   |
|     | RESIDENCE & CITIZENSHIP | CITY<br>BRADENTON                            | STATE OR FOREIGN COUNTRY<br>FLORIDA | COUNTRY OF CITIZENSHIP<br>UNITED STATES |                   |
|     | POST OFFICE ADDRESS     | POST OFFICE ADDRESS<br>9925 LAUREL VALLEY    | CITY<br>BRADENTON                   | STATE OR COUNTRY<br>FLORIDA             | ZIP CODE<br>34202 |
| 203 | FULL NAME OF INVENTOR   | LAST NAME                                    | FIRST NAME                          | MIDDLE NAME                             |                   |
|     | RESIDENCE & CITIZENSHIP | CITY   | STATE OR FOREIGN COUNTRY            | COUNTRY OF CITIZENSHIP                  |                   |
|     | POST OFFICE ADDRESS     | POST OFFICE ADDRESS                          | CITY                                | STATE OR COUNTRY                        | ZIP CODE          |
| 204 | FULL NAME OF INVENTOR   | LAST NAME                                    | FIRST NAME                          | MIDDLE NAME                             |                   |
|     | RESIDENCE & CITIZENSHIP | CITY   | STATE OR FOREIGN COUNTRY            | COUNTRY OF CITIZENSHIP                  |                   |
|     | POST OFFICE ADDRESS     | POST OFFICE ADDRESS                          | CITY                                | STATE OR COUNTRY                        | ZIP CODE          |
| 205 | FULL NAME OF INVENTOR   | LAST NAME                                    | FIRST NAME                          | MIDDLE NAME                             |                   |
|     | RESIDENCE & CITIZENSHIP | CITY   | STATE OR FOREIGN COUNTRY            | COUNTRY OF CITIZENSHIP                  |                   |
|     | POST OFFICE ADDRESS     | POST OFFICE ADDRESS                          | CITY                                | STATE OR COUNTRY                        | ZIP CODE          |
| 206 | FULL NAME OF INVENTOR   | LAST NAME                                    | FIRST NAME                          | MIDDLE NAME                             |                   |
|     | RESIDENCE & CITIZENSHIP | CITY   | STATE OR FOREIGN COUNTRY            | COUNTRY OF CITIZENSHIP                  |                   |
|     | POST OFFICE ADDRESS     | POST OFFICE ADDRESS                          | CITY                                | STATE OR COUNTRY                        | ZIP CODE          |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

|                           |   |                           |
|---------------------------|---|---------------------------|
| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202<br><i>Pat Renaldi</i> | SIGNATURE OF INVENTOR 203 |
| DATE                      | DATE<br>6/4/98                                  | DATE                      |
| SIGNATURE OF INVENTOR 204 | SIGNATURE OF INVENTOR 205                       | SIGNATURE OF INVENTOR 206 |
| DATE                      | DATE  | DATE                      |